

Please type a plus sign (+) inside box ☒

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

Attorney Docket No.

MCP-264

First Named Inventor or Application Identifier

Codispoti

Express Mail Label No.

EL190925968US

(only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

See MPEP Chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (attached hereto in duplicate)
2. ☒ Specification [Total Pages 9]  
(Preferred arrangement set forth below)
  - Descriptive Title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 USC 113) [Total Sheets 2]
4. Oath or Declaration
  - a. ☐ Newly executed (original or copy)
  - b. ☒ Unexecuted original
  - c. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional check boxes 5 and 16)
    - i. ☐ Deletion of Inventor(s)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation by Reference  
(useable if Box 4c is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
12. ☒ Preliminary Remarks
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

15. ☐ Other:

16. ☒ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Amend the specification by inserting before the first line: -- This is a ☐ Continuation ☐ Divisional

☒ Continuation-in-Part (CIP) of prior application No.: 09/449,124, filed Nov. 24, 1999. --

17. For this divisional application, please cancel original Claims of the prior application before calculating the filing fee.

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label


or ☒ Correspondence Address below

Name: Philip S. Johnson, Esq.  
Address: Johnson & Johnson  
One Johnson & Johnson Plaza  
New Brunswick, NJ 08933-7003 USA

19. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Michele G. Mangini at:  
Telephone: (732) 524-2810 Fax: (732) 524-2808

19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Michele G. Mangini	Reg. No. 36806
SIGNATURE		
DATE	November 9, 2000	

**FEE TRANSMITTAL***Complete if Known*

Application Number	N/A; CIP to 09/449,124
Filing Date	November 9, 2000
First Named Inventor	Codispoti
Group Art Unit	1614
Examiner Name	
Attorney Docket Number	MCP-264

jc641 U.S. PTO  
09/709069  
11/09/00


**FEE CALCULATION**

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	26 - 20 =	6	x 18.00	\$ 108.00
INDEPENDENT CLAIMS	4 - 3 =	1	x 80.00	\$ 80.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 898.00

**METHOD OF PAYMENT**

- ☒ Please charge Deposit Account No. 10-0750/MCP-264/MGM in the amount of \$898.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/MCP-264/MGM. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Michele G. Mangini	Reg. No. 36,806
Signature		Date: 11/9/00
		<b>Deposit Account No. 10-0750/MCP-264/MGM</b>

A

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

Applicant: Codispoti

For : Method For Treating Migraine Symptoms With Ibuprofen  
and Salts Thereof

Express Mail Certificate

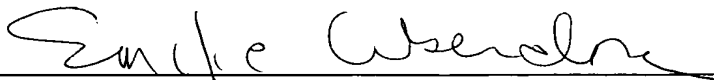
"Express Mail" mailing number: EL190925968US

Date of Deposit: November 9, 2000

I hereby certify that this complete Continuation in Part Application (CIP), including 9 pages of specifications with 26 claims and 2 pages of 2 formal drawings, Information Disclosure Statement and Form 1449 (with 1 copy of 3 references attached), Preliminary Remarks (1pp), Utility Patent Application Transmittal (2 pps), and Declaration and Power of Attorney (unexecuted) (3pps), is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Emilie Liberatore

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)